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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 75978/11032

First Named Inventor Grace ~~Sze Ma~~ CHAN

COMPLETE IF KNOWN *Yim Ngan of 27/4/01*

Application Number

Filing Date

Group Art Unit N/A

Examiner Name N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Improved Electrophoresis Gels

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/16/2001

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PQ5714	Australia	02/18/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **23380** OR ☒ Correspondence address below

Name **Susan L. Mizer**

Address **ARTER & HADDEN LLP**

Address **925 Euclid Avenue, Suite 1100 Huntington Bldg.**

City **Cleveland**

State **OH**

ZIP **44115**

Country **United States of America**

Telephone **216/696-3466**

Fax **216/696-2645**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Grace Yim Ngan**

Family Name or Surname **CHAN**

Inventor's Signature

X *Grace Chan*

Date

27/4/2001

Residence: City **Highton, Victoria**

State

Country **Australia**

Citizenship **Australian**

Mailing Address **27 Glastonbury Drive** *27/4/01*

Mailing Address

City **Highton, Victoria**

State

ZIP **3216**

Country **Australia**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Nicola Sarah Frances**

Family Name or Surname **BOYD**

Inventor's Signature

X *N. Boyd*

Date

19/4/01

Residence: City **Baulkham Hills**

State

Country **Australia**

Citizenship **Australian**

Mailing Address **191 Seven Hills Road**

Mailing Address

City **Baulkham Hills**

State

ZIP **2153**

Country **Australia**

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sue Ann		GOOLEY	
Inventor's Signature <i>Sue Gooley</i>		Date <i>3/4/01</i>	
Residence: City	New South Wales State	Country Australia	Citizenship Australian
Mailing Address 14/26 Kennedy Street			
Mailing Address			
City Kingsford, New South Wales	State	ZIP 2032	Country Australia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David Henry		SOLOMON	
Inventor's Signature <i>D H Solomon</i>		Date <i>3/4/01</i>	
Residence: City	State	Country Australia	Citizenship Australian
Mailing Address 95 Watson Road			
Mailing Address			
City Officer, Victoria	State	ZIP 3809	Country Australia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/785,761
Filing Date	02/16/2001
First Named Inventor	Grace Yim Ngan Chan
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	75978/11032

I hereby appoint:

☒ Practitioners at Customer Number

23380

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or Individual Name

Susan L. Mizer

Address

ARTER & HADDEN LLP

Address

925 Euclid Avenue, Suite 1100 Huntington Bldg.

City

Cleveland

State

OH

Zip

44115

Country

USA

Telephone

(216) 696-3466

Fax

(216) 696-2645

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

TIM WAWN

Signature

Date

5 April 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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